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Bib Data Sheet

SERIAL NUMBER 09/696,100	FILING DATE 10/25/2000 RULE -	CLASS 380	GROUP ART UNIT 2132	ATTORNEY DOCKET NO. -
APPLICANTS John Vanelli, Aliso Viejo, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/167,640 11/29/1999 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 18
INDEPENDENT CLAIMS 1				
ADDRESS John Vanelli 26895 Aliso Creek Suite 552 Aliso Viejo ,CA 92656				
TITLE Consolidated medical information records				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

CONFIRMATION NO. 4133

Bib Data Sheet

SERIAL NUMBER 09/696,100	FILING DATE 10/25/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO.
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APPLICANTS

John Vanelli, Aliso Viejo, CA;

** CONTINUING DATA *****
This appln claims benefit of 60/167,640 11/29/1999 *dlb*

** FOREIGN APPLICATIONS *****
None dlb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 12/13/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
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ADDRESS
KIMBERLEY G. NOBLES
IRELL & MANELLA LLP
840 NEWPORT CENTER DRIVE
SUITE 400
NEWPORT BEACH , CA
92660

TITLE
Consolidated medical information records

FILING FEE RECEIVED 463	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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